

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address belowName Dr. Joseph SmithAddress 1921 So. Club DriveCity WellingtonState FLA.ZIP 33414Country US.Telephone 561-798-4872Fax SAME

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Dr. Joseph O.Family Name  
or SurnameSmithInventor's  
SignatureDr. Joseph SmithDate 6-22-03Residence: City WellingtonState FLACountry USCitizenship USMailing Address 1921 So. Club DriveCity WellingtonState FLA.ZIP 33414Country USNAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
or SurnameInventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.